	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	618346	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Emily Thatcher	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9078685643 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	ethatcher@gci.com	
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file		(041) Form481GCICommunicationsCorp618346.pdf
	<042> Cite the Study Area Code (SAC) for the For	rm 481 reporting	<042> 619014
<050>	<u>Carrier Contact Information</u>	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	<u>Urban Rate Comparability Certification</u>	(complete attached certification)	<070>
<080>	<u>Tribal Lands Reporting (y/n?)</u> (Does this study area cover	er tribal lands? Yes or No)	<u>•</u> •
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (compl	lete attached certification)	<101> 🚺

### Notice to Individuals Required by the Paperwork Reduction Act of 1995

<102> Agent Certification

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

(complete attached certification)

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010×	Study Area Code		618346	
<010> <015>	Study Area Code Study Area Name		GCI Communication Corp.	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regard	ing this data	Emily Thatcher	
<035>	Contact Telephone Number - Number of person ide		9078685643 ext.	
<039>	Contact Email Address - Email Address of person ide	entified in data line <030>	ethatcher@qci.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0001568880		
<111>	Filing Carrier Name	GCI Communication C	orp	
<112>	Winning Bidder Carrier Name	GCI Communication C	orp	
<113>	Street Address (or PO Box)	2550 Denali St, Sui		
<114>	City	Anchorage		
<115>	State	AK		
<116>	Zip-Code	99503		
<117>	Telephone Number			
<118>	Fax Number	9078685643 ext.		
<119>	Email Address	9078689817		
11137	Email Address	ethatcher@gci.com		
<120> <121> <122> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box  Name (First, MI, Last, Suffix)  Filing Carrier Name  Street Address (or PO Box)  City  State  Zip-Code  Telephone Number  Fax Number  Email Address	Chris Nierman GCI Communication Co 1900 I. St NW Suite Washington DC 20036 2024578815 ext.		
12201	Email Address	cnierman@gci.com		
<pre>Authorize &lt;130&gt; &lt;131&gt; &lt;132&gt;</pre>	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year 01/2014 - 12/2014	

618346\_CPRd\_AK.zip

Coverage and Performace attachements

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
	State	County		Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				(	See attach	ed worksl	neet			

	98		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

## Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: Date 06/30/2015 CERTIFIED ONLINE Signature of Authorized Officer: Lynda Tarbath Printed name of Authorized Officer: VP/CAO Title or position of Authorized Officer: 9078685638 ext. Telephone number of Authorized Officer: Filing Due Date for this form: 07/01/2015 618346 Study Area Code of Reporting Carrier: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	rize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the re authorized agent; and, to the best of my knowledge, the repor	eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
,	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am autho	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010> <015> <020> <030> <035> <035>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identifi Contact Email Address - Email Address of person identifi	ied in data line <030>	618346  GCI Communication Corp. 2015  Emily Thatcher 9078685643 ext. ethatcher@gci.com	
<142> <143>	State	AK  Nome Census Area	STATE CARE SHOT A COM	
<144>	Tribal Land(s) on which ETC Serves	Alaska		
<145>	Tribal Government Engagement Obligation	618346_TLRa5_AK.pdf  Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
<147>	Feasibility and sustainability planning;
<148>	Marketing services in a culturally sensitive manner;
<149>	Compliance with Rights of way processes
<150>	Compliance with Land Use permitting requirements
<151>	Compliance with Facilities Siting rules
<152>	Compliance with Environmental Review processes
<153>	Compliance with Cultural Preservation review processes
<154>	Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)
Yes

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<200>	Date Authorized to Receive Support	03/13/2015
<201>	Targeted Completion Date	03/14/2017
<202>	Total Mobility Fund Support Awarded	4586526.00
<203>	Total Mobility Fund Support Disbursed	1528842.00
<210>	Actual Completion Date	
		618346 PSD AK.pdf
<211>	Project Status Description (attached)	010340_10B_AR.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<b>√</b>
<213>	Status of Network Deployment - Construction	<b>1</b>
<214>	Status of Network Deployment - Deployment	<b>✓</b>
<215>	Status of Network Deployment - Maintenance	<b>✓</b>
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	✓
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	<ul><li>O</li></ul>

(101) Cer	tification - Reporting Carrier	FCC Form 690	
			Approved by OMB
			OMB Control No. 3060-1185
			Page 7 of 8
<010>	Study Area Code	618346	
<015>	Study Area Name	GCI Communication Corp.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher	

9078685643 ext.

ethatcher@gci.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Telephone Number - Number of person identified in data line < 030 > 0

Contact Email Address - Email Address of person identified in data line <030>

<035>

<039>

## Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the

best of my knowledge, the information reported on this form and in any attachments is accurate. GCI Communication Corp. Name of Reporting Carrier: CERTIFIED ONLINE Date 06/30/2015 Signature of Authorized Officer: Lynda Tarbath Printed name of Authorized Officer: VP/CAO Title or position of Authorized Officer: 9078685638 ext. Telephone number of Authorized Officer: 618346 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

06/11/2015 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data	is authorized to submit the information reported on behalf of the reporting carrier. ibilities include ensuring the accuracy of the data reporting requirements provided to the authorized rided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier				
	uthorized to submit the reports for Mobility Fund recipients on behalf of the reporting ing carrier; and, to the best of my knowledge, the information reported herein is accur	•		
Name of Reporting Carrier:				
Name of Authorized Agent or Employee of Agent:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Printed name of Authorized Agent or Employee of Agent:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee o	f Agent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this fo	rm can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 50 18 of the United States Code, 18 U.S.C. § 1001.	02, 503(b), or fine or imprisonment under Title		

# **Attachments**

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census	021800002001007	17	0	0	1.27	0.0	0.0	Yes
AK	Area Nome Census Area	021800002001046	1	1	1	1.4	0.0	0.0	Yes
AK	Nome Census Area	021800002001057	3	3	3	0.39	0.0	0.0	Yes
AK	Nome Census Area	021800002001058	2	2	2	2.63	0.0	0.0	Yes
AK	Nome Census Area	021800002001061	1	1	1	0.71	0.0	0.0	Yes
AK	Nome Census Area	021800002001062	6	6	6	1.27	0.0	0.0	Yes
AK	Nome Census Area	021800002001064	18	18	18	4.5	0.0	0.0	Yes
AK	Nome Census Area	021800002001066	27	14	14	5.99	0.0	0.0	Yes
AK	Nome Census Area	021800002001067	1	1	1	1.27	0.0	0.0	Yes
AK	Nome Census Area	021800002001068	8	4	4	1.08	0.0	0.0	Yes
AK	Nome Census Area	021800002001070	5	3	3	0.53	0.0	0.0	Yes
AK	Nome Census Area	021800002001071	11	3	3	0.36	0.0	0.0	Yes
AK	Nome Census Area	021800002001075	2	0	0	0.2	0.0	0.0	Yes
AK	Nome Census Area	021800002001076	3	3	3	3.0	0.0	0.0	Yes
AK	Nome Census Area	021800002001079	10	10	10	3.26	0.0	0.0	Yes
AK	Nome Census Area	021800002001085	3	3	3	0.61	0.0	0.0	Yes
AK	Nome Census Area	021800002001091	8	8	8	1.43	0.0	0.0	Yes
AK	Nome Census Area	021800002001092	1	1	1	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002001095	1	1	1	0.23	0.0	0.0	Yes
AK	Nome Census Area	021800002001111	3	3	3	0.05	0.0	0.0	Yes

Percentage of Total Population Reached by Service

98		

0			

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<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Block State County Service Nome 021800002001113 Census 150 0.0 Yes AK 150 1.42 0.0 Area 021800002001114 Census 0.0 15 15 15 Yes AK 0.15 0.0 Area Nome 021800002001115 Census 0.0 AK 19 19 19 0.16 0.0 Area 021800002001118 0.0 Census AK 0.27 Yes 0.0 Area 021800002001123 Census AK 0.24 0.0 Yes Area 021800002001125 Census 0.0 40 40 ΑK 40 0.68 0.0 Yes Area 021800002001130 Census AK 40 40 0.4 0.0 0.0 Yes Area 021800002001131 Census AK 32 32 0.21 0.0 Yes 0.0 Area Nome 021800002001132 Census ΑK 40 40 40 0.43 0.0 0.0 Yes Area 021800002001133 Census 24 0.09 ΑK 24 24 0.0 0.0 Yes Area Nome 021800002001134 Census 9 9 0.11 Yes AK 0.0 0.0 Area Nome 021800002001135 Census 0.25 Yes 8 0.0 ΑK 0.0 Area 021800002001145 Census 1.86 0.0 Yes ΑK 0.0 Area 021800002001149 Census Yes 0.26 0.0 AK 37 37 0.0 Area 021800002001150 Census AK 23 23 23 0.11 0.0 0.0 Yes Area Nome 021800002001151 Census Yes AK 21 21 0.13 0.0 0.0 Area 021800002001152 Census AK 19 19 19 0.07 0.0 Yes 0.0 Area Nome 021800002001153 Census 33 33 0.0 33 0.07 Yes ΑK 0.0

> Percentage of **Total Population** Reached by Service

021800002001154

021800002001155

21

Area

Area Nome

ΑK

ΑK

Census

Census Area

98

5

21

Percentage of Total Road Miles covered by Service

0.21

0.14

0.0

0.0

0.0

0.0

Yes

Yes

5

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Block State County Service Nome 021800002001156 Census 23 23 0.0 Yes AK 0.07 0.0 Area 021800002001159 Census 0.0 25 25 25 Yes AK 0.07 0.0 Area Nome 021800002001160 Census 0.0 AK 21 21 0.07 0.0 Area 021800002001161 0.0 Census AK 15 15 0.07 Yes 0.0 Area 021800002001163 Census AK 36 36 36 0.12 0.0 Yes Area 021800002001164 Census 0.0 35 35 ΑK 35 0.12 0.0 Yes Area 021800002002006 Census 0.21 AK 91 91 0.0 0.0 Yes Area 021800002002013 Census AK 1.49 0.0 Yes 0.0 Area Nome 021800002002014 Census 11 ΑK 11 11 0.26 0.0 0.0 Yes Area 021800002002016 Census ΑK 2 2 3.53 0.0 0.0 Yes Area Nome 021800002002037 Census 57 57 0.49 Yes AK 0.0 0.0 Area Nome 021800002002039 Census Yes 32 32 0.0 ΑK 32 0.0 Area 021800002002050 Census 0.95 0.0 Yes ΑK 0.0 Area 021800002002054 Census Yes 1.08 0.0 AK 0.0 Area 021800002002058 Census AK 79 79 79 1.12 0.0 Yes 0.0 Area Nome 021800002002067 Census Yes 11 11 1.78 0.0 ΔK 0.0 Area 021800002002070 Census AK 2 2 0.57 0.0 Yes 0.0 Area Nome 021800002002074 Census 36 36 0.0 36 0.24 Yes ΑK 0.0 Area 021800002002075 Census Yes ΑK 7 0.04 0.0 0.0 Area Nome 021800002002076 Census Area 13 13 0.0 Yes 13 ΑK 0.1 0.0

> Percentage of Total Population Reached by Service

98

Percentage of Total Road Miles covered by Service

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census	021800002002077	20	20	20	0.1	0.0	0.0	Yes
AK	Area Nome Census Area	021800002002078	3	3	3	0.03	0.0	0.0	Yes
AK	Nome Census Area	021800002002081	3	3	3	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002082	3	3	3	0.08	0.0	0.0	Yes
AK	Census Area	021800002002083	31	31	31	0.23	0.0	0.0	Yes
AK	Nome Census Area	021800002002084	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002085	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002086	14	14	14	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002087	18	18	18	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002002088	18	18	18	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002089	2	2	2	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002002090	17	17	17	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002002092	10	10	10	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002002093	13	13	13	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002094	32	32	32	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002095	11	11	11	0.06	0.0	0.0	Yes
AK	Nome Census Area	021800002002096	7	7	7	0.08	0.0	0.0	Yes
AK	Nome Census Area	021800002002097	22	22	22	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002098	27	27	27	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002099	19	19	19	0.07	0.0	0.0	Yes

Percentage of Total Population Reached by Service

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<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>&gt;</d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
AK	Nome Census	021800002002100	27	27	27	0.07	0.0	0.0	Yes
AK	Area Nome Census Area	021800002002101	29	29	29	0.07	0.0	0.0	Yes
AK	Nome Census Area	021800002002102	36	36	36	0.19	0.0	0.0	Yes
AK	Nome Census Area	021800002003003	3	3	3	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003004	29	29	29	0.28	0.0	0.0	Yes
AK	Nome Census Area	021800002003005	32	32	32	0.18	0.0	0.0	Yes
AK	Nome Census Area	021800002003006	16	16	16	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003007	2	2	2	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003008	15	15	15	0.13	0.0	0.0	Yes
AK	Nome Census Area	021800002003009	19	19	19	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003010	64	64	64	0.3	0.0	0.0	Yes
AK	Nome Census Area	021800002003011	29	29	29	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003013	21	21	21	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003014	41	41	41	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003015	58	58	58	0.12	0.0	0.0	Yes
AK	Nome Census Area	021800002003016	54	54	54	0.09	0.0	0.0	Yes
AK	Nome Census Area	021800002003017	23	21	21	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003018	54	54	54	0.11	0.0	0.0	Yes
AK	Nome Census Area	021800002003019	19	19	19	0.1	0.0	0.0	Yes
AK	Nome Census Area	021800002003021	19	19	19	0.07	0.0	0.0	Yes

Percentage of Total Population Reached by Service

98		

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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	ethatcher@gci.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census **Census Block** (yes/no) by Service Reached Census Block Census Block Block State County Service Nome 021800002003022 Census 0.0 Yes AK 58 58 0.16 0.0 Area 021800002003023 Census 0.0 44 44 44 Yes AK 0.13 0.0 Area Nome 021800002003024 Census 0.0 AK 12 12 0.13 0.0 Area 021800002003025 0.0 Census AK 12 12 0.1 Yes 0.0 Area 021800002003026 Census AK 50 50 50 0.14 0.0 Yes Area 021800002003028 Census 0.0 5 ΑK 5 0.1 0.0 Yes Area 021800002004000 Census AK 44 44 0.29 0.0 0.0 Yes Area 021800002004001 Census AK 12 12 0.43 0.0 Yes 0.0 Area Nome 021800002004002 Census ΑK 23 23 0.11 0.0 0.0 Yes Area Nome 021800002004003 Census 28 ΑK 28 28 0.12 0.0 0.0 Yes Area Nome 021800002004005 Census 0.12 Yes AK 2.0 20 20 0.0 0.0 Area Nome 021800002004006 Census 0.12 Yes 25 25 0.0 ΑK 25 0.0 Area 021800002004007 Census 61 61 0.11 0.0 Yes ΑK 0.0 Area Nome 021800002004009 Census Yes 37 0.1 0.0 AK 37 37 0.0 Area 021800002004010 Census AK 40 40 40 0.15 0.0 Yes 0.0 Area Nome 021800002004011 Census Yes 85 85 0.17 0.0 ΔK 0.0 Area 021800002004013 Census AK 46 46 46 0.05 0.0 Yes 0.0 Area Nome 021800002004014 Census 11 11 0.1 0.0 11 Yes ΑK 0.0 Area 021800002004015 Census Yes ΑK 24 24 24 0.1 0.0 0.0 Area Nome 021800002004016 Census Area 15 15 0.0 Yes 15 ΑK 0.1 0.0

> Percentage of Total Population Reached by Service

98

Percentage of Total Road Miles covered by Service

<010>	Study Area Code	618346
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Emily Thatcher
<035>	Contact Telephone Number - Number of person identified in data line <030>	9078685643 ext.
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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> Certify that **Total Road** Coverage and Resident Road Miles **Total Resident** Miles Performacne Resident **Population** Population **Road Miles** per Census covered per data is uploaded **Block Newly** Population per **Newly Reached** Reached by per Census Census Block (yes/no) by Service Reached Census Block Census Block Block State County Service Nome 021800002004017 Census 0.0 Yes AK 69 69 0.14 0.0 Area 021800002004018 Census 0.0 43 43 43 Yes AK 0.14 0.0 Area Nome 021800002004019 Census 0.0 AK 30 27 2.7 0.05 0.0 Area 021800002004020 0.0 Census AK 10 10 0.1 Yes 0.0 Area 021800002004021 Census AK 172 172 172 0.23 0.0 Yes Area 021800002004022 Census 0.0 24 ΑK 24 24 0.1 0.0 Yes Area 021800002004023 Census AK 31 31 0.07 0.0 0.0 Yes Area 021800002004024 Census AK 14 14 0.07 0.0 Yes 0.0 Area Nome 021800002004025 Census ΑK 53 53 53 0.15 0.0 0.0 Yes Area 021800002004026 Census 32 ΑK 32 32 0.11 0.0 0.0 Yes Area Nome 021800002004027 Census 16 16 0.18 Yes AK 16 0.0 0.0 Area Nome 021800002004028 Census 0.14 Yes 37 37 0.0 ΑK 37 0.0 Area 021800002004029 Census 39 39 39 0.13 0.0 Yes ΑK 0.0 Area Nome 021800002004030 Census Yes 45 0.13 0.0 AK 45 45 0.0 Area 021800002004031 Census AK 29 29 29 0.14 0.0 Yes 0.0 Area Nome 021800002004032 Census Yes 45 45 0.14 0.0 ΔK 0.0 Area 021800002004033 Census AK 58 58 58 0.19 0.0 Yes 0.0 Area Nome 021800002004034 Census 41 41 0.11 0.0 41 Yes ΑK 0.0 Area 021800002004035 Census Yes ΑK 7 7 0.14 0.0 0.0

> Percentage of Total Population Reached by Service

021800002004036

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Area Nome

Census Area

ΑK

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Percentage of Total Road Miles covered by Service

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Yes

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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

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<020>	Program Year	2015
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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<b3>

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<c2>

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Certify that **Total Road** Coverage and Road Miles Resident **Total Resident** Miles Performacne per Census Resident Population Population **Road Miles** covered per data is uploaded Population per **Newly Reached** Reached by **Block Newly** per Census Census Block (yes/no) by Service Block Reached State County Census Block Census Block Service Nome Census 021800002004037 AK 26 26 0.0 Yes 0.24 0.0 Area Nome 021800002004038 Census 1 0.0 1 Yes ΑK 0.11 0.0 Area Nome 021800002004039 Census 0.0 ΑK 6 6 0.18 0.0 Area Nome 021800002004040 Census Area Nome Census 0.0 0.13 AK 41 41 Yes 0.0 021800002004041 ΑK 44 44 44 0.13 0.0 Yes Area

Percentage of				
<b>Total Population</b>				
Reached by				
Service				

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